

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05130

Reg. Dist. No.

268

1. PLACE OF DEATH:

County SomersetCity or town Danvers
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Refused

Hospital, institution, or street address where death occurred:

How long in hospital or institution? Refused

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Massachusetts County SomersetCity or town Danvers
(If outside city or town limits, write RURAL and give nearest town)Street No. Refused
(If rural, give LOCATION)2.(a) if veteran, name war Refused

3. (a) FULL NAME

Woodland B. Bozman

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Not Obtainable

8. AGE:

72 Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace

Danvers, Massachusetts
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

FATHER

12. Name John R. Bozman13. Birthplace Danvers, Massachusetts14. Maiden name Louise Thomas15. Birthplace Danvers, Massachusetts16. Informant Yankee, WilliamAddress Danvers, Massachusetts17. Burial Date thereof 5/31/46
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Danvers, MassachusettsLocation Danvers, Massachusetts18. Funeral director Deals Island, N.H.Address Deals Island, N.H.19. 5/31/46 19 46 Ronald Webster
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 19 46, at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on May 29th 19 46Immediate cause of death Acute Schistosomiasis DURATION 1 yearDue to RefusedDue to RefusedOther conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations RefusedDate of op. RefusedAutopsy results Refused

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Refused Date of RefusedWhere did injury occur? Refused (City or town) (County) (State)Injured at home, farm, industry, public place (where?) RefusedMeans of injury Refused Injured at work? Refused23. SIGNATURE Refused M. D. or other RefusedAddress Refused Date signed Refused

REC'D

JUN 8 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05131

Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset
County.....
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hrs - 15 min
Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
How long in hospital or institution? From birth

2. USUAL RESIDENCE (HOME) OF DECEASED: NEWBORN
(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

INFANT DOETSCH

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Single
8. (b) Name of husband or wife
8. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 10, 1946
8. AGE: Years Months Days If less than one day
2 hrs. 15 min.

9. Birthplace Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Joseph Doetsch
13. Birthplace Pennsylvania
14. Maiden name Ruth Virginia Swift
15. Birthplace Somerset Co., Maryland

16. Informant Joseph Doetsch
Address Crisfield, Maryland

17. Burial Date thereof May 11, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Sunny Ridge Cemetery
Location Rural, Crisfield, Maryland

18. Funeral director H. Harvey Bradshaw
Address Crisfield, Maryland

19. 5/11/46 19. E. E. Collins, Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 10 1946

and that I last saw him alive on May 10 1946

Immediate cause of death

Premature baby

DURATION

2 hrs. 15 min.

Due to Rupture of mother

Due to Ruptured appendix

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations: Ruptured appendix Date of op. May 7, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. M. Penta M.D.

Address Crisfield Date signed May 14

RECEIVED

MAY 25 1946

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95

CERTIFICATE OF DEATH

Reg. Dist. No. 270

05132

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Ewell, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 months-16 days
 Hospital, institution, or street address where death occurred:
 None
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Somerset
 City or town..... Ewell, Smith Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... None
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

CLAYTON DENNIS EVANS

3. (b) Social Security Number

4. Sex..... Male
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... November 19, 1945
 8. AGE: Years..... No Months..... 5 Days..... 16 If less than one day..... hrs. min.

9. Birthplace..... Ewell, Smiths Island, Somerset Md.
 (Town, county, and state)
 10. Usual occupation..... None
 11. Industry or business..... None

MOTHER FATHER
 12. Name..... Elmer Francis Evans
 13. Birthplace..... Ewell, Maryland
 14. Maiden name..... Annie Rose James
 15. Birthplace..... Crisfield, Maryland
 16. Informant..... Elmer F. Evans
 Address..... Ewell, Maryland

17. Burial..... Date thereof..... May 6, 1946
 (Burial, cremation, or removal, which?)..... (month) (day) (year)
 Cemetery or crematory..... Ewell Cemetery
 Location..... Near Church, Ewell, Md.
 18. Funeral director..... H. Harvey Bradshaw
 Address..... Crisfield, Maryland

19. 5/5/46..... 19.....
 (Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 5, 1946 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Was aged when I first saw.....
 and that I last saw him/her on..... 19.....

Immediate cause of death..... Bacterial
 Pneumonia
 Measles
 Convulsion
 Acute Bacterial Dysentery
 DURATION

Other conditions.....

(Include pregnancy within 3 months of death)
 Major findings of operation..... William H. Coulbourn, M.D.
 DEPUTY MEDICAL EXAMINER
 FOR SOMERSET COUNTY, MD.
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE.....
 Crisfield Md. Date 5/5/46

RECEIVED

MAY 25 1945

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6513265

1. PLACE OF DEATH:

County... SomersetCity or town... Cumfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Virginia County... AccomacCity or town... Wasson
(If outside city or town limits, write RURAL and give nearest town)Street No. R.F.S.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Oscar Evans

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife... Lennie Evans

7. Birth date of

deceased (mo., day, yr.)

Aug. 17, 18866. (c) If alive, give age 50 years

8. AGE:

Years 59Months 8Days 15

If less than one day

hrs. min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Gus Forbush

FATHER

12. Name

William H. Evans

13. Birthplace

Virginia

MOTHER

14. Maiden name

Maggie Evans

15. Birthplace

Virginia

16. Informant

Deputy Lieuten

Address

Saxis, Va.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 5/5/46

(month) (day) (year)

Cemetery or crematorium

Evans Saxis Cemetery

Location

Saxis, Va.

18. Funeral director

Harold H. Hubbard

Address

Cumfield, Md

19.

(Date rec'd by registrar)

19.

C. E. Collins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 19 46 at 4:30 P. M.

I CERTIFY that death occurred on the date above stated that I attended deceased from

Wasson when I sawand that I last saw him Wasson on May 2 19 46Immediate cause of death Wasson intwo days waiting forfish he diedfrom exposure - shiveringexhaustion &steak attackDue to CoronaryOther conditions Natural Cause

(Include pregnancy within 3 months of death)

Major findings of operation William H. Coulbourn, M. D.

DEPUTY MEDICAL EXAMINER

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm H. Coulbourn M.D.Prisfield Md Date signed May 3-46

RECEIVED

MAY 25 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1620

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County Somerset
 City or town Danvers, Somerset, Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

George Washington Fields

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Blk Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Not Obtainable
 8. AGE: Years Months Days It less than one day

84 — — — hrs. min.

9. Birthplace (Town) county, and state

10. Usual occupation laborer

11. Industry or business

FATHER

12. Name Elzey Field13. Birthplace Danvers, Somerset, Md14. Maiden name Sarah Jones15. Birthplace Danvers, Somerset, Md16. Informant Rula RobertsAddress Danvers, Somerset, Md17. Burial Date thereof May 13-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Danvers, Somerset, MdLocation Danvers, Somerset, Md18. Funeral director H. B. B. B. B.Address Deal Island, Md19. 5/13/46 Registrar Rosa Webster

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11/46 19 46, at 6:7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15/45 to May 11/46 and that I last saw him alive on April 10/46 19 46.

Immediate cause of death

Senile Dementia and
General Debility

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edmond G. Masonman M. D. or otherAddress Princess Anne, Md Date signed 5/11/46

RECEIVED
JUN 5 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05135

Reg. Diat. No. 265

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield, Maryland</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>5 years</u> Hospital, institution, or street address where death occurred: _____ How long in hospital or institution?.....				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>old State Road</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Mary Elizabeth Howard</u>						3. (b) Social Security Number _____	
4. Sex <u>F</u>		5. Color or race <u>W</u>		6. (a) Single, married, widowed, or divorced <u>Widowed</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH <u>May 16</u> 19 <u>46</u> at <u>1504</u> M 21. CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Jan 1</u> 19 <u>44</u> to <u>May 16</u> 19 <u>46</u> and that I last saw her alive on <u>May 15</u> 19 <u>46</u> Immediate cause of death..... <u>Acute 7 x 10</u> <u>Cerebral hemorrhage.</u> Due to..... <u>arteriosclerosis</u> Due to..... <u>chronic hypertension</u> Other conditions..... <u>Left Hemiplegia</u> <u>due to Cerebral Hemorrhage 1944</u> (include pregnancy within 3 months of death) Major findings of operations..... _____ Date of op. Autopsy results..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work? 23. SIGNATURE <u>Mary E. Howard</u> M. D. or other Address..... <u>Marion St. Crisfield</u> Date signed..... <u>May 16-46</u>	
6. (b) Name of husband or wife <u>Francis Howard</u> 6. (c) If alive, give age years							
7. Birth date of deceased (mo., day, yr.) <u>Jan, 10, 1855</u>							
8. AGE: Years <u>91</u>		Months <u>4</u>		Days <u>6</u>			
9. Birthplace <u>Rehobeth, Somerset Co., Md.</u> (Town, county, and state)							
10. Usual occupation <u>Housewife</u>							
11. Industry or business <u>Home</u>							
FATHER		12. Name <u>Alfred Cannon</u>					
		13. Birthplace <u>Somerset County</u>					
		14. Maiden name <u>Elizabeth Haley</u>					
MOTHER		15. Birthplace <u>Somerset County</u>					
		16. Informant <u>Mrs Manie Handy</u> <u>Crisfield, Md.</u> Address.....					
17. Burial (Burial, cremation, or removal. Which?) <u>St. Pauls Cemetary</u> Cemetery or crematory..... <u>Marion, Md. (Rural)</u> Location.....		Date thereof..... <u>May 17, 1946</u> (month) (day) (year)					
18. Funeral director <u>H. Harvey Bradshaw</u> <u>Crisfield, Maryland</u> Address.....							
19. (Date rec'd by registrar)							

Registar

RECEIVED
MAY 25 1946
BUREAU V S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

5136

Reg. Dist. No. 268

1. PLACE OF DEATH:

County SomersetCity or town Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Dames Quarter
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Andrew Hyland

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Blk

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.)

Not Obtainable

8. AGE:

Years

Months

Days

If less than one day

67

hrs.

min.

9. Birthplace

Dames Quarter Md
(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or other disposal. Which?)

Date thereof

(month)

day

(year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 19 46, at 11 P. PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 10 to 19Immediate cause of death Acute Heart Disease DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? City or town (County) (State)

Injured at home (farm, industry, public place) (where?)

Means of injury Deputy Medical Examiner injured at work?

23. SIGNATURE

Princess Anne, Md. Date signed 5/13/46

RECEIVED
JUN 5 1945
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of birth date of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 1370

CERTIFICATE OF DEATH

05137 261
Reg. Dist. No.

FILM No. I 04 MAY 21 1946

1. PLACE OF DEATH:

County..... Somerset
City or town..... Marion
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 68 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Somerset
City or town..... Marion
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Henry D. Johnson

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... Col 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... Lematt Johnson

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... 1887 Aug 10-

8. AGE: Years..... about 68 Months..... 9 Days..... If less than one day..... hrs. min.

9. Birthplace..... Marion Somerset Co Md
(Town, county, and state)

10. Usual occupation..... Farming

11. Industry or business.....

12. Name..... James Johnson

13. Birthplace..... Marion Somerset Co Md

14. Maiden name..... Mary Whittington

15. Birthplace..... Marion Somerset Co Md

16. Informant..... William Geard

Address..... Marion Somerset Co Md

17. Burial Date thereof..... May 12 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Liberty Cemetery

Location..... Marion Md.

18. Funeral director..... Chas H Ward

Address..... Marion Md.

19. May 13 46 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 11 1946 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 11 1946 and that I last saw him alive on May 1 1946

Immediate cause of death..... acute myocardial infarction

DURATION

1 week

Due to..... Chronic but regrettably chronic myocardial infarction

10 years

Due to.....

Other conditions..... General arteriosclerosis

years

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... George Claiborne M.D.

M. D. or other

Address..... Marion - Sta 10 Date signed..... May 11 1946

RECEIVED
MAY 15 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

 ★ 05138
 Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Burfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 hrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Somerset
 City or town Burfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Boy Justice

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife None
 7. Birth date of deceased (mo., day, yr.) May 9, 1946 6. (c) If alive, give age _____ years
 8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946 at midnight
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 1946 to May 9 1946
 and that I last saw him alive on May 9 1946

Immediate cause of death

Pneumonia infant
(major cause)

DURATION

5 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. M. Peyton M.D. M. D. or otherAddress Burfield Date signed May 10

9. Birthplace Burfield
 Town, county, and state)
 10. Usual occupation None
 11. Industry or business None
 FATHER 12. Name John W. S. Justice
 13. Birthplace Burfield
 MOTHER 14. Maiden name Helen E. Justice
 15. Birthplace Burfield MD
 16. Informant John W. S. Justice
 Address Burfield
 17. Burial Date thereof 5/10/46
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematory Sunny Ridge
 Location Burfield
 18. Funeral director Harold H. Hubbard
 Address Burfield MD
 19. 5/10/46 B. E. Collins M.D.
 (Date rec'd by registrar) Registrar

RECEIVED
MAY 25 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58

CERTIFICATE OF DEATH

Reg. Dist. No. 05180

1. PLACE OF DEATH:

County Somerset
 City or town Shelton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 83 years
 Hospital, institution, or street address where death occurred: —
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Shelton Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Edward T. Long

3. (b) Social Security Number

—

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Minnie G. Long 6.(c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) Oct 6 - 1861
 8. AGE: Years 84 Months 7 Days 9 If less than one day — hrs. — min.

9. Birthplace Shelton Somerset Md.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business —

MOTHER 12. Name Aurelius A. Long

13. Birthplace Maryland

14. Maiden name Susan Ann Cluff

15. Birthplace Maryland

16. Informant Mrs W. C. Adams

Address Marion Md

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof May 17/1946
 (month) (day) (year)

Cemetery or crematory Rehoboth Baptist Ch

Location Rehoboth Md

18. Funeral director Henry H. Watson

Address Pocomoke Md.

19. 5/17 46 Gen J. Wilson
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to May 15 1946
 and that I last saw him alive on May 13 1946

Immediate cause of death Acute myocardial infarction DURATION 1 month

Due to Chronic heart failure

Due to Chronic myocardial

Due to Arteriosclerosis of heart & vessels

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Gen. G. Bouelrum md M. D. or other

Address Marion Md Date signed May 16-46

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MAY 21 1945

BUREAU V. &

194
64
1878

1896-1897
8

12
45
12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 15140 260

1. PLACE OF DEATH:

County Somerset
 City or town Upper Hill Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 54
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md County Somerset
 City or town Upper Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Annie R Maddox

3. (b) Social Security Number

4. Sex Female 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Isaac Maddox
 6. (c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) Apr 15-1891
 8. AGE: Years 55 Months 1 Days 9 If less than one day
 hrs. min.

9. Birthplace Lendingville Md
 (Town, county, and state)
 10. Usual occupation House work
 11. Industry or business

12. Name William Reed
 13. Birthplace Virginia
 14. Maiden name Lizzie Johnson
 15. Birthplace Farmount Md
 16. Informant Isaac Maddox
 Address Upper Hill Md
 17. Burial Date thereof May 28-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Salem Memorial
 Location Farmount Md
 18. Funeral director Chas H Ward
 Address Mason Md
 19. May 27 46 R. H. Johnson M.D.
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 19 46 at 79 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 19 46 to May 25 19 46
 and that I last saw her alive on May 22 19 46
 Immediate cause of death Coronary sclerosis DURATION 4 years
 Due to
 Due to
 Other conditions Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury injured at work?

23. SIGNATURE Frank Matthews M. D. or other
 Address Cumma Ave Date signed 5/28/46

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MAY 28 1946

BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15141 260

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Francis C. May

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife John F. May

7. Birth date of deceased (mo., day, yr.) July 26, 1882 6.(c) If alive, give age 64 years

8. AGE: Years 67 Months 10 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Mt Clinton, Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Hugh Pence

13. Birthplace Virginia

MOTHER 14. Maiden name Sarah Ashenfelter

15. Birthplace Virginia

16. Informant Mrs Alfred May

Address Princess Anne Md.

17. Burial Date thereof May 30, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Episcopal Cemetery

Location Princess Anne Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. May 29, 46 D. Johnson M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5, 1946 to May 27, 1946
and that I last saw him alive on May 27, 1946

Immediate cause of death Hemiplegia DURATION 3 wks.

Due to Embolicism 3 wks.

Due to Ch. Myocarditis unknown
generally to arterial sclerosis

Other conditions Arteritis & 20 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Alfred B. Wheeler M.D. M. D. of _____

Address Princess Anne Date signed 5/29/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 30 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05142

★ Reg. Dist. No. 265

1. PLACE OF DEATH: County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>S. Somerset Ave</u> How long in hospital or institution?.....		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Somerset</u> City or town..... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... <u>S. Somerset Ave.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....									
3. (a) FULL NAME <u>ARINTHIA S. MILBOURNE</u>		3. (b) Social Security Number									
4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>									
6.(b) Name of husband or wife <u>Thomas H. Milbourne</u> <u>Deceased</u>											
7. Birth date of deceased (mo., day, yr.) <u>August 17, 1864</u>											
8. AGE: <table border="1"> <tr> <td>Years</td> <td>Months</td> <td>Days</td> <td>If less than one day</td> </tr> <tr> <td><u>81</u></td> <td><u>8</u></td> <td><u>19</u></td> <td>.....hrs.min.</td> </tr> </table>				Years	Months	Days	If less than one day	<u>81</u>	<u>8</u>	<u>19</u>hrs.min.
Years	Months	Days	If less than one day								
<u>81</u>	<u>8</u>	<u>19</u>hrs.min.								
9. Birthplace <u>Crisfield, Maryland</u> (Town, county, and state)											
10. Usual occupation <u>Housewife</u>											
11. Industry or business <u>Home</u>											
12. Name <u>Wesley Sterling</u>											
13. Birthplace <u>Somerset Co., Md.</u>											
14. Maiden name <u>Sarah Riffin</u>											
15. Birthplace <u>Somerset Co., Md.</u>											
16. Informant <u>Edward G. Muir</u> Address <u>Crisfield, Maryland</u>											
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>May 8, 1946</u> (month) (day) (year) Cemetery or crematory <u>Crockett-Riffin Cemetery</u> <u>Crisfield, Maryland</u> Locallon <u>H. Harvey Bradshaw</u> <u>Crisfield, Maryland</u>											
18. Funeral director Address <u>Crisfield, Maryland</u>											
19. (Date rec'd by registrar) <u>5/8/46</u> Registrar <u>B. E. Collins, M.D.</u>											
MEDICAL CERTIFICATION											
20. DATE OF DEATH <u>May 6</u> 19 <u>46</u> , at <u>Crisfield</u> M											
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>March</u> 19 <u>46</u> to <u>May 6</u> 19 <u>46</u> and that I last saw <u>her</u> alive on <u>May 5</u> 19 <u>46</u>											
Immediate cause of death <u>Arteriosclerosis</u>			DURATION <u>3+ yrs</u>								
Due to											
Due to											
Other conditions											
(Include pregnancy within 3 months of death)											
Major findings of operations											
Date of op.											
Autopsy results											
PHYSICIAN: Please underline the cause to which death should be charged statistically.											
22. VIOLENCE: If death was due to external causes, fill in the following:											
Accident, suicide, or homicide..... Date of											
Where did injury occur? (City or town) (County) (State)											
Injured at home, farm, industry, public place (where?)											
Means of injury Injured at work?											
23. SIGNATURE <u>S. M. Peyton, M.D.</u> M. D. or other											
Address <u>Crisfield, Md.</u> Date signed <u>May 8, 1946</u>											

CLASS OF TROOPING AND STATE SERVICE

MEMORANDUM FOR THE DIRECTOR

TO : THE DIRECTOR

FROM : THE DIRECTOR

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BUREAU OF S.

NOTES ON THE RECORD

END OF REPORT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05143

★ Reg. Dist. No. 270

1. PLACE OF DEATH:

County SomersetCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station Md
(If outside city or town limits, write RURAL and give nearest town)Street No. R 3 W
(If rural, give LOCATION)

2.(d) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed8.(b) Name of husband or wife William7. Birth date of deceased (mo., day, yr.) July 1854

6.(c) If alive, give age _____ years

8. AGE: Years 86 Months 11 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name Aden Weaver13. Birthplace Md14. Maiden name Emily15. Birthplace Md16. Informant Edward Robinson
Address Marion Station Md17. (Burial, cremation, or removal, Which?) Burial Date thereof 6/2/46
(month) (day) (year)Cemetery or crematory St PaulsLocation Somerset Co.18. Funeral director Howard H. HulseAddress 306 Main St. Cambridge Md

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 19 46 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to May 31 19 46 and that I last saw him alive on May 31 19 46

Immediate cause of death

Acute Dis of heartDue to Chronic Dis of heartChronic myocarditis

Due to

Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Marion Station Md Date signed Jan 1 1946

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JUN 21 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

05144

Reg. Dist. No. 265

1. PLACE OF DEATH:

County.....**Somerset**
 City or town.....**Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**Lifetime**
 Hospital, institution, or street address where death occurred:
Waterfront, Crisfield, Md.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....**Maryland** County.....**Somerset**
 City or town.....**Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

FLETCHER JAMES MILES

3. (b) Social Security Number

4. Sex.....**Male**
 5. Color or race.....**Negro**
 6.(a) Single, married, widowed, or divorced.....**Single**
 6.(b) Name of husband or wife.....**//////////**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....**October 8, 1903**
 8. AGE: Years.....**42** Months.....**7** Days.....**13**
 If less than one day..... hrs. min.

9. Birthplace.....**Lawsonia-Somerset-Maryland**
 (Town, county, and state)
Seafood Worker
 10. Usual occupation.....
Seafood
 11. Industry or business.....
Isaac William Miles
 12. Name.....
Somerset Co., Md.
 13. Birthplace.....
Amanda Blake
 14. Maiden name.....
Crisfield, Md.
 15. Birthplace.....
Blanche Wilson
 16. Informant.....
Crisfield, Md.
 Address.....

Burial
 17. (Burial, cremation, or removal, Which?) Date thereof.....**May 24, 1946**
 (month) (day) (year)
Union Asbury Cemetery
 Cemetery or crematory.....
Lawsonia, Crisfield, Md.
 Location.....
H. Harvey Bradshaw
 18. Funeral director.....
Crisfield, Md.
 Address.....

19. **5/22/46** 19.....**6 E Collins M.D.**
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**May 21** 19.....**46** at.....**6:15** A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
Washington when I.....
 and that I last saw..... on.....**beached**.....
 Immediate cause of death.....
Coronary Occlusion
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?
 Signature.....
William H. Coulbourn
Crisfield Md
 Date signed.....**5/21-46**

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MAY 25 1946
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(5145

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

James Roland Pusey
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife

Cathryn Pusey 6.(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.)

October 28, 1910
 8. AGE: Years 35 Months 6 Days 24 less than one day
 hrs. min.

9. Birthplace

Princess Anne, Md.
 (Town, county, and state)
 10. Usual occupation Truck Driver

11. Industry or business

12. Name Starcourt Pusey

13. Birthplace Princess Anne, Md.

14. Maiden name Waisy M. Taylor

15. Birthplace Princess Anne, Md.

16. Informant Mrs. Herman Mulder

Address Princess Anne, Md.

17. Burial Date thereof May 24, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Princess Anne, Md.

18. Funeral director Charles Washell

Address Princess Anne, Md.

May 24, 46 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1946, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1946, to May 22 1946.

and that I last saw him alive on May 21st 1946.

Immediate cause of death Carcinoma of Intestine

Due to

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Inoperable Carcinoma Date of op. Dec. 1, 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

SIGNATURE Lucas B. Wheeler, M.D.

Address Princess Anne, Md. Date signed May 24, 1946

R. A.

MAY 28 1946

BUREAU V. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town East Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town East Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lawrence M. Pusey

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married

8.(b) Name of husband or wife Amanda Pusey

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 8, 1892

8. AGE: Years 64 Months 2 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Somerset County
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name William S Pusey

13. Birthplace Somerset County

14. Maiden name Roseanna Pusey

15. Birthplace Somerset County

16. Informant Mrs. Amanda Pusey

Address Princess Anne, Md.

17. Burial Date thereof May 21, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Friendship Cemetery

Location West Post Office

18. Funeral director Wale Washfield

Address Princess Anne, Md.

19. May 20, 46 R. N. Johnson, M.D.
 (Date rec'd by registrar) (Signature) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946 at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____

_____ 19____, 10____, 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death acute heart disease

DURATION

Due to _____

Due to _____

Other conditions _____

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Henry M. Lambford M.D.

Address Princess Anne, Md. Date signed 5/19/46

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CERTIFICATE OF DEATH

RECEIVED
MAY 21 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of sex & color of deceased is shown on

FILM No. 107 SEP 16 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County..... Somerset
City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Lifetime
Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
How long in hospital or institution?..... 18 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 227 S. Somerset Ave
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME

HATTIE ELIZABETH RAYFIELD

3. (b) Social Security Number

4. Sex..... Female
5. Color or race..... White
6. (a) Single, married, widowed, or divorced..... Widowed
6. (b) Name of husband or wife..... Robert L. Rayfield.
Deceased
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... May 29, 1868
8. AGE: Years 77 Months 11 Days 26
..... hrs. min.
9. Birthplace..... Marion Station, Maryland
Somerset Co. (Town, county, and state)
10. Usual occupation..... Housewife

11. Industry or business.....
12. Name..... James K. Moore
13. Birthplace..... Somerset County
14. Maiden name..... Serena (?)
15. Birthplace..... Unknown

16. Informant..... Norvell Moore
Address..... Crisfield, Maryland

17. Burial..... Date thereof..... May 27, 1946
(Burial, cremation, or removal, Which?)..... (month) (day) (year)
Crisfield Cemetery
Cemetery or crematory.....
Chesapeake & Somerset Avenues
Location.....

18. Funeral director..... H. Harvey Bradshaw
Address..... Crisfield, Maryland

19. 5/25/46..... E. E. Gallin M.D.
(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... May 28, 1946, at 1:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25, 1946, to May 28, 1946, and that I last saw him alive on May 25, 1946.
Immediate cause of death..... acute dilatation of the heart
.....
.....
Due to.....
.....
Due to.....
.....
Other conditions.....

DURATION

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?.....

23. SIGNATURE..... Chas. D. Schwabert
M. D. or other.....
Address..... Crisfield Date signed..... 5/25/46

RECEIVED

JUN 21 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-d

CERTIFICATE OF DEATH

 05148
 270
 Reg. Dist. No.

1. PLACE OF DEATH:

County SomersetCity or town Burwell MD
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Burwell
(If outside city or town limits, write RURAL and give nearest town)Street No. ★
(If rural, give LOCATION)2. (a) If veteran, name War Spanish American

3. (a) FULL NAME

Dr. William Franklin Seabold

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Elsie Lea Seabold6. (c) If alive, give age ? years7. Birth date of deceased (mo., day, yr.) May 21, 18738. AGE: Years 72 Months 11 Days 13 If less than one day hrs. min.9. Birthplace New York State
(Town, county, and state)10. Usual occupation Surgeon

11. Industry or business

12. Name Frederick F Seabold13. Birthplace New York14. Maiden name Nancy J Van Alstine15. Birthplace New York16. Informant Elsie Lea SeaboldAddress Burwell MD17. Burial Date thereof May 7, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory River HuntLocation Condecott New York18. Funeral director Howard H. WheelerAddress 306 Mary St. Burfield MD19. 01/4/46 19 01/4/46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 19 46, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jun 3 - 1946 to May 3 - 1946and that I last saw him alive on Apr. 26 19 46

Immediate cause of death

DURATION

Carcinoma of
left lower jaw

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. E. Seabold M. D. or otherAddress Smithfield MD Date signed 5-4-46

UNITED STATES DEPARTMENT OF JUSTICE

STANDARD FORM NO. 64

RECEIVED

MAY 5 1946

BUREAU OF

100-335 5/10/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05149

Reg. Dist. No.

170

1. PLACE OF DEATH: Somerset
County.....
City or town.....Tylerton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....Lifetime
Hospital, institution, or street address where death occurred:
Home, Tylerton
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State.....Maryland.....County.....Somerset
City or town.....Tylerton
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
IRA D SMITH

3.(b) Social Security Number

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Venie M. Smith
6.(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) September 15, 1877
8. AGE: Years 68 Months 8 Days 0
hrs. min.

9. Birthplace Tylerton-Somerset-Maryland
(Town, county, and state)
Waterman
10. Usual occupation Fish-Oysters
11. Industry or business William F. Smith
12. Name Tylerton, Somerset Co., Md.
13. Birthplace Virginia E. Marshall
14. Maiden name Tylerton, Somerset Co., Md.
15. Birthplace

16. Informant Venie M. Smith
Address Tylerton, Maryland
Burial
17. (Burial, cremation, or removal. Which?) Date thereof May 19, 1946
(month) (day) (year)
Tylerton Cemetery
Cemetary or crematory
Tylerton, Maryland
Location
H. Harvey Bradshaw
18. Funeral director
Address Crisfield, Maryland
3/17/46
19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 8-P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
was dead when I saw
and that I last saw h Body -

Immediate cause of death Cerebral Hemorrhage
DURATION
Due to Arterio Sclerosis
Due to Arterial Cause
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
Autopsy results No FOR SOMERSET COUNTY, MD.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Wm H Coulbourn
Address Crisfield Md Date signed 5/17/46

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MAY 25 1946

BUREAU OF

ARTS AND LETTERS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
approximate age of deceased is
shown on
FILM No. I 07 OCT 8 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 70-a

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Southern
City or town Camfield, rural
(If outside city or town limits, write RURAL and give nearest town)

How long in a place of death? 2 hours
Hospital, institution, or street address where death occurred: McCreedy Hospital, Camfield

How long in hospital or institution? 2 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Southern
City or town Marion Station, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 15 Branch Road
(If rural, give LOCATION)

(a) If veteran, name war

3. (a) FULL NAME

Marie Smith

3. (b) Social Security Number

4. Sex F 5. Color or race Blk 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Tom Smith

7. Birth date of deceased (mo., day, yr.) 1907 Aug 1903 or 1902

8. AGE: 42 years 43 months 45 days less than one day hrs. min.

9. Birthplace Princess Anne, Md
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Maid

12. Name John Jones

13. Birthplace Princess Anne, Md

14. Maiden name Mizzie Cottman

15. Birthplace Delaware

16. Informant Willie Lee Jones

Address Georgetown, Del

17. (Burial, cremation, or removal. Which?) Buried Date thereof June 2 1946
(month) (day) (year)

Cemetery or crematory Oakdale, Md

Location 8 mi - Prince Anne

18. Funeral director W. J. Tilden

Address Marion, Md

19. June 3 46 Chas J Nelson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946 at 3:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Head when I saw

and that I last saw him alive on 19

Immediate cause of death Compound comminuted fracture

both legs & left foot

Due to arm & compound

comminuted fracture

Due to spinal fracture

with fracture of

Other conditions Locomotive hit automobile

(Include pregnancy within 8 months of death)

Major findings of operations at White Cross, Md

at White Cross, Md

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be attributed.

22. VIOLENCE: If death was due to external causes, state the following: Accident 5/31/46

(Accident) suicide, or homicide Accident Date of

Where did injury occur? Marion, Southern Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at auto

Means of injury hit auto Injured at work?

23. SIGNATURE W. H. Boulbourn, M.D. M.D. or other

Address Camfield, Md Date signed 5-1-46

RECEIVED

RECEIVED

RECEIVED
JUN 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1312

CERTIFICATE OF DEATH

C5150

Reg. Dist. No. 270

1. PLACE OF DEATH: Somerset
County.....
City or town..... Rural, Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital, Crisfield
How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County..... Somerset
City or town..... Rural, Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

LILLIAN MAY STERLING

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Riley M. Sterling
Deceased 6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) October 11, 1873
8. AGE: Years 72 Months 6 Days 22 If less than one day..... hrs. min.

9. Birthplace..... Crisfield, Somerset, Maryland
(Town, county, and state)
Housewife
10. Usual occupation.....
Home
11. Industry or business.....

12. Name..... John Mason
13. Birthplace..... Somerset County
14. Maiden name..... Lauretta Johnson
15. Birthplace..... Somerset County
18. Informant..... Harold E. Sterling
Address..... Crisfield, Maryland

Burial Date thereof May 5, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... Crisfield Cemetery
Somerset & Chesapeake, Crisfield
Location.....
H. Harvey Bradshaw
18. Funeral director.....
Address..... Crisfield, Maryland

19. 5/14/46 19. CE L... m...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 5:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 3 1946
and that I last saw him alive on May 2 1946

Immediate cause of death Acute Dec 7 heart 1 week
DUE TO Chronic Out rupture 1 week
DUE TO Chronic myocardial 1 week
Other conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE Bruce Chillum m.d.
M. D. or other
Address m.d. station Date signed May 4, 1946

RECEIVED

MAY 25 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

Reg. Dist. No. 15151

260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico
 City or town Mardella Springs, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Calvin M. Taylor

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced married
 8.(b) Name of husband or wife Marion Taylor 6.(c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) July 31, 1873
 8. AGE: Years 72 Months 9 Days 12 If less than one day
 9. Birthplace Mardella Springs, Md.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

FATHER 12. Name Josiah S. Taylor
 13. Birthplace Mardella Springs, Md.
 MOTHER 14. Maiden name Esther Bennett
 15. Birthplace Mardella Springs, Md.
 16. Informant Mrs. J. B. Green
 Address Princess Anne, Md.
 17. Burial Date thereof May 15, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mardella Springs Cemetery
 Location Mardella Springs, Md.
 18. Funeral director Charles D. Ashby
 Address Princess Anne, Md.
 19. May 15, 46 R. H. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946 at 8 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... to 19...
 and that I last saw him... alive on 19...
 Immediate cause of death Acute Dilatation of Heart
 Due to...
 Due to...
 Other conditions Myocarditis
 (Include pregnancy within 3 months of death)
 Major findings of operations... Date of op...
 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE R. H. Johnson
Princess Anne, Md. M. D. or other
 Address... signed May 15, 46

RECEIVED

MAY 18 1945

BUREAU V.S.

RECEIVED

MAY 18 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

CERTIFICATE OF DEATH

(5152)

Reg. Dist. No. 260

1. PLACE OF DEATH: Somerset
 County Fairmount
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

NORRIS JAMES WALSTON

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife. Nannie Walker Walston
 8. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) December 16, 1884
 8. AGE: Years Months Days If less than one day
 61 5 6 hrs. min.

9. Birthplace Fairmount-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

FATHER 12. Name James I. Walston
 13. Birthplace Somerset County, Md.
 MOTHER 14. Maiden name Rachel N. Dize
 15. Birthplace Somerset County, Md.
 16. Informant Nannie Walston
 Address Fairmount, Md.

17. Burial Date thereof May 25, 1946
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Fairmount Cemetery
 Cemetery or crematory Fairmount-Somerset-Maryland
 Location
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. May 25 1946 R. J. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946 at 4:58 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/20/46 to 5/22/46
 and that I last saw him alive on 5/21/46

Immediate cause of death Cerebral Hemorrhage
 Due to
 Due to
 Other conditions Hypertension
 (Include pregnancy within 3 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. B. Walston, M.D.
 Address Princess Anne, Md. Date signed 5/24/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 29 1946

BUREAU V. S.